ShrinkRAP

Newsletter of the New Zealand College of Clinical Psychologists
THE SPECIALIST ORGANISATION FOR CLINICAL PSYCHOLOGISTS

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BEST WISHES FOR A FABULOUS FUN-FILLED FESTIVE SEASON!

Kia hora te marino, kia whakapapa pounamu te moana, kia tere te karohirohi.

Let tranquility be widespread, let the sea glisten like greenstone, let the shimmer of summers heat come.

2017 NZCCP Conference

He mahi matatini te mahi
Working with Complexity
Clinical Psychology in the Digital Age
Te tikanga mātai hinengaro i te ao hangarau

Check out the following links for information about who'll be presenting at next year's conference, ***He Mahi Matatini te Mahi: Working with Complexity, Clinical Psychology in the Digital Age***, at Rydges Lakeland Resort in Queenstown, on 29 and 30 July with a preconference workshop presented by Matthew Berry on 27 and 28 July.

Watch this space for the **call for papers** and the flyer which is currently in production.

NZCCP Executive report
We have had a busy time working on the College's Strategic Goals, particularly in the areas of Leadership, Raising the Profile, and forming and firming up Strategic Alliances.

At the meeting of the full Council last month we welcomed Natalie Germann as the new national student representative.

In response to an invitation from the Human Rights Commission to comment on their project to review seclusion and restraint practices across a variety of detention contexts Wellington member Paul Skirrow, with input from a number of other members, submitted a paper in early December. This is included in full below.

The Psychology Workforce Task Force group met again last month and were pleased to have made significant progress with most of the actions arising from the August meeting as follows:

- Malcolm has completed a comprehensive summary of the psychology workforce data gathered by the Board via a simple survey of all psychologists.
- Malcolm has also summarised the information gathered from key informants about current and projected workforce gaps.

The PWTF will hold its next meeting at the Ministry on Tuesday 21 February.

We are delighted to announce that the NZCCP has become a member of the Rural Health Alliance Aotearoa New Zealand (RHAANZ). RHAANZ has more than 40 members across multiple rural sector organisations including health providers, agri-businesses and community groups. Established in 2012, RHAANZ aims to provide solutions and influence policy affecting the health and wellbeing of rural communities. It has a vision for all people living in rural New Zealand to achieve optimal health and wellbeing through access to safe, effective and acceptable health services which honour the Treaty of Waitangi. NZCCP Council member and Canterbury branch Chair, Leigh Anderson, has been appointed as the College's "Named Representative" with this group.

To support Leigh, and so that we can provide broad and informed input, we are looking to identify other NZCCP members with a particular interest in Rural Health. You may have an interest because you live or work in a rural area, or because you have a personal connection to the wellbeing of rural communities.

If you have an interest in rural health, please email Caroline to register your interest.

Insurance cover for clients
Thank you to all of you who responded to the request for information about health insurance companies in NZ which provide cover of any sort for sessions with a psychologist.

The most commonly reported was Southern Cross which has a number of plans including Ultracare, which provides a contribution towards or coverage of some sessions of $150 per visit, up to $600 per claims year

Also noted was The Police Association Health Plan which has a Comprehensive Plan which covers Psychological treatment until to $100 per session and $1000 per year, and a basic plan which covers $80 per session and $800 per year. Asteron Life offers cover for some sessions, particularly to help people to return to work after a medical event.

Others mentioned included AMP (formerly AXA), Aon, Bupa, Fidelity, ING and Partners Life Insurance, Sovereign, Tower, and Unimed.

Lastly, just to remind you, the Medical Protection Society, which provides inexpensive professional indemnity for NZCCP members, also facilitates a free EAP style counselling service for members who may be having difficulties or issues in their personal or professional lives. MPS can be contacted on 0800 22 55 677. (If you are not already a member of MPS you can download the MPS membership application form here.)

NZCCP Membership News
The following people have been approved as members at the National Executive meetings since the ShrinkRAP Spring 2016 edition was published:

Full Members of the College:
Natasha Burgess, Auckland
William Drummond, Wellington
Anjana Gaekwad, Auckland
Jain Joseph, Christchurch
Hadyn McKendry, Christchurch
Erwin Sonnendecker, Hawkes Bay
Peter Vasbenter, Wellington
Jacqueline Wall, Wellington

As a Full Member, each may now use the acronym MNZCCP.

Associate Members of the College:
Caitlin Aberhart, Christchurch
Heather Gordon, Christchurch
Phoebe Molloy, Auckland
Helen Rathore, Invercargill
Aimee Richardson, Dunedin
Tricia Stuart, Blenheim
Bahrie Veliu, Wellington
Victoria Wilkinson, Christchurch

The National Executive wishes to congratulate these people on attaining their new membership status.

For more information about the benefits and resources available to College members please go to **http://www.nzccp.co.nz/membership/**

Membership renewals
These are now extremely overdue. If you haven't done so already please go to http://www.nzccp.co.nz/membership/nzccpmps-membership-subscription-renewal/ to renew your membership now.

College Awards
Applications are open for the NZCCP awards for 2016 as follows:

The Susan Selway Memorial Scholarship is available to support NZCCP members currently living and working in Christchurch to attend Continuing Educational activities relevant to their profession. This scholarship has a total value of $1200 per annum, and is distributed as three grants of $400 each per year.

The NZCCP Research/Study Award, of up to $6,000, is offered annually to a full or associate member of the College to assist to them to undertake travel or a similar specific activity to further their education or interest in a clinical or research activity related to clinical psychology.

President's Award. This award, of up to $1,500, is offered annually to a student member of the College who is recognised as performing well in their training and as likely to make a positive contribution to Clinical Psychology in the future. The purpose of this award is to assist the student member to undertake the development of their knowledge and skills in Clinical Psychology and its application.

NZCCP Travel Grant. Up to four NZCCP Travel Grants of up to $1,000 are provided annually to Full or Associate members of the College to assist them to travel to and attend a continuing education opportunity (such as a Conference, Workshop, or substantial organised site visit) either in New Zealand or overseas.

For more information go to the links above to download the criteria and application forms for each of these awards.

Journal NZCCP
The themes for the next Journal NZCCP issues are:
Trauma, published June 2017, deadline 30 March, 2017
Leadership, published December 2017, deadline 30 September 2017

If you have (or know of someone else who has) an interest in any of the above themes and

- could write an article, or
- do a literature search, or
- if you could review a conference or workshop you've attended, or
- review a book or article you've read, or
- if you are aware of some good online assessment measures or apps, please contact Caroline at office@nzccp.co.nz.

If there is a book you want to read and are interested in reviewing it, Journal book review editor, Dr Charlene Rapsey (charlrapsey@gmail.com), may be able to get you a free review copy.

Please don't forget that we are always keen to receive and publish letters to the editor, and encourage all students to submit articles, case studies, book reviews, commentaries on a set of abstracts, reviews of conferences or workshops and students whose submissions are published are paid $100.

We look forward to seeing your wonderful submissions (which can be submitted online here: http://www.nzccp.co.nz/about-the-college/publications-and-resources/journal-nzccp-article-submission/)!

Members in Leadership roles
As part of our Strategic Plan and focussing on supporting our membership, one of the areas of focus is to **build the leadership capability of our members**.

As part of this interviews with NZCCP members who have moved into leadership roles will be regularly published in ShrinkRAP, as a way of sharing information about pathways into leadership.

In this issue we are delighted to include insights from ***Andrew Hignett.***

1. What leadership roles do you currently hold?
I am currently the Professional Leader for Psychology at Taranaki District Health Board which is an official role. I also consider myself to be one of the unofficial clinical leaders within the psychology crew and acute services which is where my clinical role sits.

2. How did you end up as a leader, what path took you that way?
I had been working in a sole (psychology) rural outreach team for 7 years and slowly developed as a clinical lead within the team, which was partly due to wanting to raise my skill level as a leader and partly due to frequent consultant psychiatrist changes resulting in members of the team consulting with me across a range of clinical topics. I was a bit critical of how the Psychology Advisor role had been fulfilled when my predecessor departed and thought I should put my money where my mouth is and apply for the newly branded Psychology Leader role. I was successful in acquiring the role and within 6 months my empathy for predecessor increased almost tenfold as I was confronted with the slow moving machine aka the DHB.

3. What extra training did you undertake, if any? What was it like "learning the ropes"?
I did/have not undertaken any extra training relevant to my leadership role but have been nominated for some Midlands Network leadership training in the coming years. As previously alluded to, learning the ropes was a lesson in managing my expectations and frustrations inherent when dealing with areas of the DHB whilst trying to motivate, inspire and lead the psychology group.

***4. If you have had any "failures" along the way, how have you dealt with these and what did you learn from them*?**
I think the closest I have come to failing within the role to date was to start out with far too much idealism and a naïve sense of entitlement that given the title 'Leader' would result in respect and a positive regard for the influence of the psychology profession within the DHB. If given the opportunity to start again I think I would have taken a more open and reflective stance and spent more time with my predecessor to get a clearer sense of what I would be confronted with within the DHB.

5. Who supported or encouraged you as you entered leadership roles?
I was supported and encouraged by my partner, a number of my psychology colleagues, my Allied Health Executive Manager and the welcoming influence of the other DHB Leaders at the first leadership forum I attended.

6. What advice do you have for clinical psychologists considering moving into leadership roles?
I think a quote from Malcolm Stewart comes to mind. I found myself sitting beside Malcolm at a NZCCP Conference in my first year as Professional Lead and whilst we chatted he asked me "what is it you want to achieve in the role". This seemed like a simple question but on reflection I had known what I wanted to do in the role but not necessarily what I wanted to achieve. My advice to others is to sit down and think about what they want to achieve in the role and then discuss this with people with lived experiences in order to develop a strategy for how you will approach and deliver on your identified goals. The other advice would be to maintain a strong connection with the overarching ideals or values involved with the profession of psychology as this will help you during successive experiences of feeling somewhat beaten down which comes with the territory.

7. From your experience, what are the challenges and advantages of taking on formal or informal leadership roles?
The advantage is the positive influence you have in the lives of colleagues and consumers. This is reflected in feedback given from those you influence. The challenge is that a wider acknowledgement of the value added by good leadership is not widely identified, appreciated or promoted in certain sectors of the DHB.

8. What do you see as important skills/competencies of leaders?
Good leaders should have a good capacity for reflection, empathy, good communication and an awareness of their boundaries. I also think that resilience, commitment and compassion are important attributes. I glean those factors from leaders I have respected in the past and aspire to implement them in my own style.

9. If yours is a management role, to what extent does it require leadership skills or tasks?
Mine is not a management role.

10. If not, how is your position as a leader different from a management role?
My role is different from a managers because it does not really come with any 'teeth' to influence service delivery, resource allocation or recruitment because the managers who hold the area budgets generally have the authority over decisions pertaining to the aforementioned factors. This means that anything I attempt to get changed or influence requires a lot more background work as I am not considered part of the management team.

Submission: Human Rights and Clinical Psychology
A Comment on the Human Rights Commission's 2016 Review
of Seclusion & Restraint in New Zealand

Paul Skirrow, Annie Talbot, Emily Street, Marleen Verhoeven & Kath Orr
for the New Zealand College of Clinical Psychologists

Foundations of Practice

The New Zealand Code of Ethics for Psychologists (2002), a document upon which the values of the profession of Clinical Psychology have been built, fundamentally commits the profession of Clinical Psychology to upholding the rights of individuals to freedom, self-determination and dignity (including freedom from inhumane or degrading treatment).

While there remains little scientific evidence to support the *therapeutic value* of seclusion and/or restraint (in different forms) in health, social care, education or criminal justice settings, it remains in common practice across New Zealand and across the World- most typically justified as a method of managing clinical risk (the person's risk to themselves or to others). In contrast, there is growing consensus that the practice of seclusion and restraint significantly impacts upon the dignity and individual rights of the person.

"After decades of research and debate, these polarised views have reached a degree of consensus. Most would now agree that seclusion is potentially harmful, contradictory to recovery models of care, and surrounded by serious ethical and moral issues." Mental Health Commission, 2004

Given this consensus, and the Ethical Code for Psychologists, the New Zealand College of Clinical Psychologists (referred to in this document as 'the College') strongly supports the positions of our colleagues from Australia (Australian Psychological Society, 2011) and from other professions in New Zealand (e.g. New Zealand Nurses Organisation; Cited in Hagan, Divis and Long, 2008). That is, the College is strongly committed to the elimination of seclusion and complete minimisation of restraint, in all of its forms. For this reason, we strongly endorse the work of Te Pou (e.g. O'Hagan, Divis & Long; 2008) and the Ministry of Health (2008) in working towards this goal.

There is clear research evidence to show that restrictive practices are often disproportionately applied to individuals from minority groups- in the New Zealand context, particularly men from Maori and Pasifika backgrounds (McLeod et al, 2013). Similarly, the College is aware of strong evidence that restrictive practices- particularly the use of so-called 'chemical restraints' (the use of psychotropic medication to sedate an individual) are disproportionately utilised with individuals with disabilities, where their usage is significantly influenced by staff members' *perceptions* of potential threat (e.g. client Body Mass Index, perceived client mobility; Robertson et al, 2000). These patterns are of considerable concern to clinical psychologists- going to the heart of the profession's commitment to issues of social justice and the Treaty of Waitangi (Code of Ethics for Psychologists, 2002)- and, we believe, require a greater focus on both the individual and the policy level.

Psychological Alternatives to Seclusion and Restraint

Most professional guidelines recommend that seclusion and/or restraint should be considered as *techniques of last resort only.* This being the case, the College would argue that services would need to demonstrate that they have actively and meaningfully explored *all* potential alternatives to seclusion and restraint (e.g. Ministry of Health, 2008) including, amongst them, proactive psychological approaches to managing clinical risk and client care, that take into account the cultural, mental health and disability support needs of the service user.

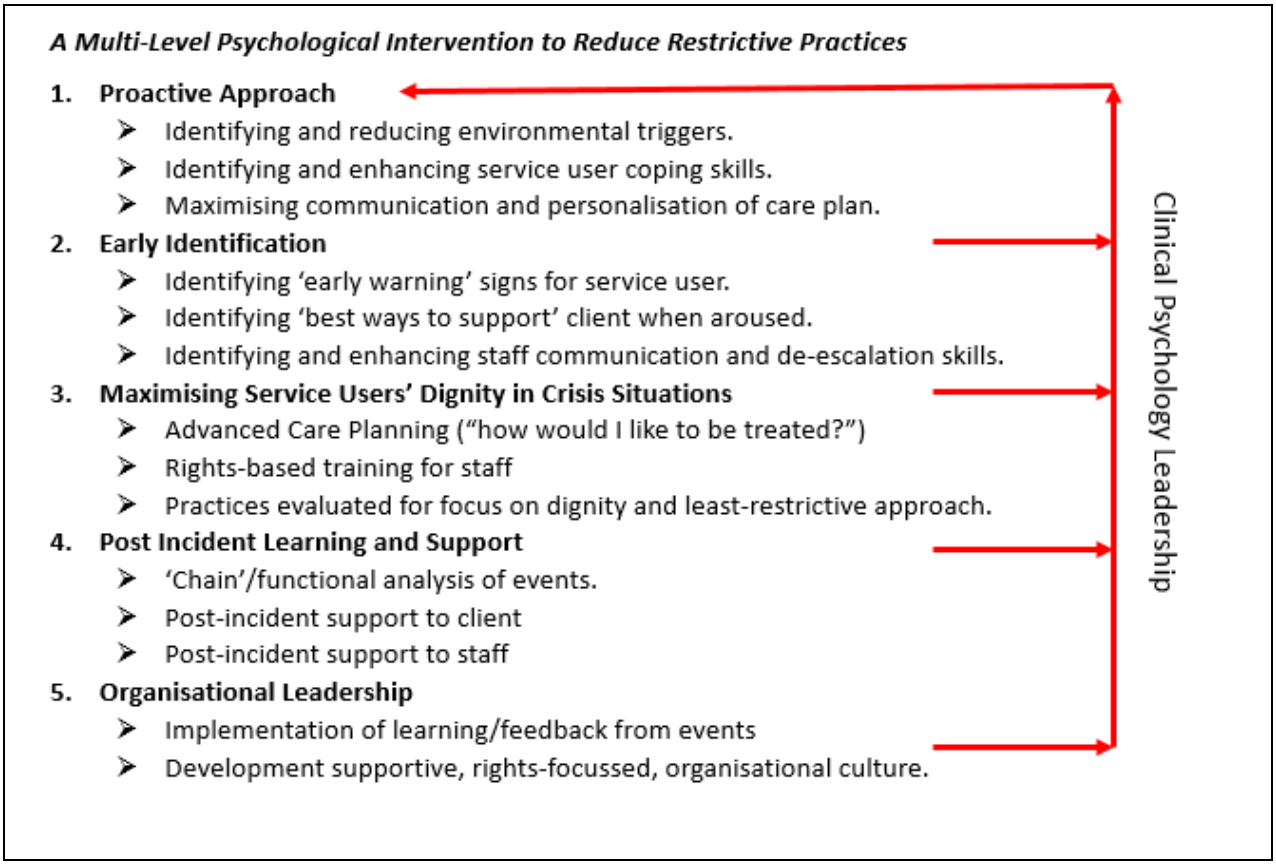
"If you are going to restrict patients, care needs to be of a high quality and, to put it simply, the care component of detention leaves a lot to be desired. Everyone, not just in forensics, needs to have access to psychology- not simply added to the waiting list. Years ago I could have done with my emotional (not just medical) needs being met."
-Service user on forensic ward for women, Care Quality Commission Presentation 2013

"I don't think I got proper counselling to begin with, in the very instance that I was admitted. And this is probably what is so crucial, imperative, to get one-to-one counselling and really talk it through… I think counselling's the most essential thing, you know? Without it, patients are

lost. 'Cos then they're gonna be kind of lost, they're gonna be constantly lost, and then pumped with more medication that they don't need."
-MH Service User; Cited in Chambers et al, 2014.

The factors that lead up to an individual seclusion or restraint event are typically highly complex and inter-related; including the psychological and physical characteristics of the service user, the staff, the physical environment and the prevailing service culture (e.g. Australian Psychological Society, 2011). In this regard, we believe that clinical psychologists, with their training in multi-factorial formulation[1] of mental distress, are vital in supporting services to work towards restraint- and seclusion-free practice.

The Australian Psychological Society (2011) has provided some key guidance on managing risk and minimising restrictive practices, including seclusion and restraint, particularly in services for people with intellectual disabilities, and describes a number of important psychological approaches. Amongst these, individual interventions with clients (e.g. psychological skill building, pre-crisis care planning, post-incident debriefing), with staff (training in de-escalation techniques, specific clients' psychology, providing post-incident support), completing root-cause analyses of incidents (e.g. 'chaining' or functional analysis) and organisational leadership/culture change are all considered important in minimising the use of restrictive practices, and these align with those prescribed by Te Pou (e.g. O'Hagan et al., 2008). While these interventions might, individually, be provided by other professions, we would argue that Clinical Psychology has particular advantages in this field as it is able to provide *all* of these interventions in a fully 'joined up,' systemic, culture-sensitive and person-centred manner.



[1] 'Formulation' is a term commonly utilised in clinical psychology, to describe a psychological explanation of a persons' key presenting difficulties and suggesting the best areas for intervention. A clinical formulation would typically involve multiple factors, including individual, environmental and interpersonal aspects of an individuals' psychology.

Rights-Based, Recovery-Focussed and Formulation[1]-driven Approaches

Formulation Driven and Recovery-Focussed

As noted above, the reasons behind each individual seclusion or restraint event occurring are likely to be complex, multi-factorial and highly individual; based upon characteristics of the service user, the staff involved and the organisational/environmental context. For this reason, the College suggests that a clear formulation and plan, based on psychological principles, and aimed at; a) reducing potential/further seclusion/restraint events and b) maximising the service users' dignity and ability to self-determine; should be developed collaboratively with mental health service users and their whanau. In 'high risk' populations in particular, we believe that clinical psychologists are best placed to take the lead in developing these types of evidence-based plan (e.g. Whitehead, Carney & Greenhill, 2011).

A Rights-Based Approach

As noted above, Clinical Psychologists are bound by their Code of Ethics to show respect for the dignity of persons and peoples, *in all circumstances*. Whilst Mental Health, Intellectual Disability and Common law are utilised to *restrict* an individual's rights to self-determination, no legal statute can be used to *completely negate* an individuals' rights to self-determination or to dignity. In our view, the balance between self-determination and risk management are frequently presented as a false dichotomy- suggesting that individuals forfeit their right to dignity and self-determination, due to their risk to themselves or to others.

For this reason, a number of authors have recently called for the balance to shift in Mental Health services towards rights-based planning and delivery (e.g. Porsdam Mann, Bradley & Sahakian, 2016). While human rights are considered innate and universal, the ability of individuals to exercise these rights can vary considerably, based upon their background (culture, upbringing, education, (dis)ability) and current context (e.g. poverty, homelessness, poor mental health). Focussing on the rights of the individual, rather than the response of the system, has been found to yield consistently positive results- including increasing client and staff satisfaction, reducing restrictive practices and 'risk aversion' amongst practitioners, and a reduction in inequity of access to health services (Porsdam Mann, Bradley & Sahakian, 2016).

One study of importance, led by UK Clinical Psychologists in the Intellectual Disabilities field (Whitehead et al., 2011), was shown to result in a significant reduction in seclusion and restraint, following a comprehensive, person-centred, formulation-driven and human-rights based approach to high-risk individuals. The authors have also written elsewhere about their approach to informing service users of their rights and working together on co-design of services (Roberts et al, 2012; Roberts et al, 2011; Greenhill & Whitehead, 2010) and similar findings are presented in numerous studies reviewed by Porsdam Mann and colleagues (2016).

Summary and Conclusions

- The New Zealand College of Clinical Psychologists support the views of our colleagues from Australia (Australian Psychological Society, 2011) and from other professions in New Zealand (e.g. New Zealand Nurses Organisation; Cited in Hagan, Divis and Long, 2008), in our commitment to the reduction and absolute minimisation of restrictive practices, including seclusion and all forms of restraint.
- The reasons for specific seclusion and restraint events are likely to be highly individual, and will based upon a complex interaction of the characteristics of the service users, the staff members involved, the organisational and environmental context.
- We consider that the skills of Clinical psychologists, with their training in understanding complex behavioural interactions, are extremely important in a) assessing and formulating the reasons for restraint and seclusion events and b) providing alternatives to restrictive practice through proactive and reactive support to clients, staff and service managers.
- Clinical psychology-led rights-based approaches to complex risk management- with a strong emphasis on individualised and person-centred formulation and a 'recovery' focus- appear to show significant promise in reducing seclusion and restraint in vulnerable populations.
- The disproportionate use of restrictive practices with minority groups- including those with disabilities, and those from Maori and Pasifika backgrounds in New Zealand- is of significant concern. Based on the above evidence, the College suggests that human rights-based approaches, with their focus upon inalienable rights of the individual (regardless of background) show some significant promise in addressing institutional discrimination.

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Summary of the Psychology Profession Advisory 22 November 2016

Representatives of the New Zealand Psychologists Board, the New Zealand College of Clinical Psychologists, the New Zealand Psychological Society, the DHB Professional Leaders, university Heads of Department, and training Programme Leaders attended this half-day meeting in Wellington.

Cultural Competence (Updates re each organisation's cultural competence activities)

It was noted that the Board's new "Cultural Advice Reference Groups" met for the first time on September 9th. (See further information under Board's report below.)

The University Heads of Departments and Programme Directors reported that:

- In November all of the Clinical Psychology Training Programmes have been undertaking selections for their programmes for 2017. There are high levels of competition for these places with many students applying to multiple programmes. December 7th is the cut-off date for students to accept/decline offers. There will be approximately 60 students taken into training across the country.
- Over the next few months most Training Programmes will be holding final exams for their interns. These exams vary somewhat between Universities but typically involve students being assessed on examples of actual clinical work and theoretical/paper cases. Academics from other Universities and Clinical Psychologists from the community are involved in these exams
- On October 28th Nigel George and the team from Auckland University's Clinical Psychology training programme hosted the annual meeting of the Australasian Clinic Directors meeting. This involves Directors from University Training Clinics across New Zealand and Australia coming together to network and share their ideas and experiences. The similarity of training experiences across the two countries was noticeable, as was the enjoyment and satisfaction Clinic Directors get from their roles in helping train students. The 2017 meeting will take place in Australia and in 2018 there is a planned meeting in Hawaii between the Australasian group and Directors of Training Clinics from the USA.

The DHB Professional Leaders reported that:

- The DHB Psychology Professional Leaders Group held a very positive national meeting in October, with the College kindly allowing them to use their offices in Wellington.
- Members of the group have, individually, been busy with the implementation of the new APEX union Multi-Employment Collective Agreement for psychologists- particularly relating to the new provisions for continuing professional development funds. Feedback suggests that this appears to be working relatively well so far, however the contract is brand new and most DHBs had no mechanism available to manage these requests until recently, so it is something that the group are likely to continue to discuss.
- The group has noted a number of clinical issues that are of significance across the country, which were the focus of either considerable discussion (e.g. the Assessment of Autism in adult community mental health services) or specific presentations from experts around the country (e.g. working with transgender issues, Rachel Johnson & Paul Vroegop; Introducing 'Stepped Care' in Talking Therapies, Tina Earl). There was also considerable discussion around the implementation of the new "Safer Practice through Effective Communication" (SPEC) de-escalation and restraint training, which is being introduced nationally in the DHBs. There was widespread support of the move towards less restrictive, more psychological approaches and the group felt strongly that there should be strong psychology support/representation as part of its implementation.
- All of the DHB Leaders noted significant pressure on Mental Health services, with increases in both numbers and acuity of referrals across the country. In turn, there was discussion around the effects of these pressures on the services that psychologists offer - both within role (e.g., increased waiting lists) and within teams, where psychologists are often asked to de-prioritise psychological interventions (e.g., 1-1 therapy) and take on more generic case/crisis management roles.
- The group has continued its positive dialogue with the National Directors of Allied Health (meeting with Ann Connell, DAH for Wellington 3DHB MHAID services), the Ministry of Health (Colin Hamlin, Principle Advisor for Children, Youth & Families), and with the Psychologists Board (Anne Goodhead, Psychology Advisor) and hopes to continue these positive meetings at the group's next meeting in March 2017.

The Board reported:

Updates:

- *Cultural Advisory Reference Groups (CARG)* – The first meeting of these groups was held in Wellington on September 9th. A wide variety of cultures were represented, and suggestions have been made about how to expand representation even further (e.g., to include an LGTBQ rep). Before that happens though, the Board first needs to clarify the role of the groups. It was noted that more representatives are needed for the Māori CARG, and nominations remain open. The Board Chair and the CE/Registrar also recently met with a potential tikanga advice service provider.
- *Neuropsychology scope consultation (next steps)* – Anne updated the group re the very useful feedback received in response to the second consultation paper. The Board have considered that feedback and the proposed core competences have largely been accepted, but some possible omissions were also noted. The draft competencies have therefore been sent back to NZ-SIGN for some additions. Work can also now proceed on developing the grand-parenting process. Finally, it was noted that the Board has determined that the Clinical Psychologist Scope will not be a pre-requisite for holding the Neuropsychologist scope, but that many of the core competencies for the two scopes will overlap.
- *Best Practice Guideline development* – Anne provided a brief update on the latest guidelines: "Coping with a Client's suicide". Substantial submissions on an earlier draft have now been incorporated, and the document has been trimmed down. It will be presented to the Board at their next full meeting for consideration to publish for consultation. The guidelines on Informed Consent are also being reviewed due to recent submissions (mostly related to Family Court issues) and a recent HPD Tribunal hearing finding re consent. The revised guideline will go to the Board in December. Anne is now also looking at the issue of electronic storage of client information. As always, the Board are open to hearing ideas for other guidelines to be developed.

- *Registration Review* – Ann noted that the Registration Review Working Party's substantial report is due in May 2017. The group will also provide smaller updates to the Board along the way.

Greater engagement via conferences – The Board are keen to engage more with psychologists and see the College and Society conferences as a potential venue for this. The Board are concerned that there are clearly still many practitioners who do not fully understand what it is that the Board does. Ann noted that it would be good to have a time slot that more folk can easily attend. The Board could offer workshop sessions within the body of the conference proper, although our usual plenary session is also still important.

Possible restructuring of the Board's Secretariat – Steve noted that he is in the process of restructuring the Secretariat, with the main change being the addition of a new senior role (likely a Deputy Registrar/2iC).

Upcoming consultation (if required) re fees and levy for 2017/2018 – Steve also noted that the changes to the Secretariat (noted above) will mean higher costs, and hence the need to raise fees. A consultation paper is being prepared and will be published as soon as it has been approved by the Board.

Question re accreditation role for collegial bodies – Ann explained the questions and comments heard at the Society's recent conference. Both the College and Society indicated they have no initial interest in greater participation in accreditation of training programmes, but will consider the possibility further. It was noted that PPAF members are not actually clear what the perceived problem is that would be resolved by greater participation.

Should any more Scopes of Practice be established? In response to this question it was noted that there is a process available for folk to propose the establishment of new scopes, and that it continues to attract applications. The ultimate test for deciding if a particular scope is required is whether or not it would help ensure the safety of the public.

Family Court work (update) – The challenges faced by psychologists working in the Family Court were noted, as were concerns that this is resulting in fewer practitioners being willing to work in this area. The Board continues to liaise with the Family Court.

The next PPAF meeting will be held on 21 February 2017.

Summary of the Psychology Workforce Group (PWG) meeting 22 November 2016

Debrief of Workforce Taskforce Meeting

- Emmanuel Jo, Principal Technical Specialist at Health Workforce New Zealand, Ministry of Health demonstrated a workforce forecasting tool which generated considerable interest.
- Malcolm Stewart was thanked for his work in gathering workforce data for the Taskforce

Workforce data collection

- The Board has viewed a demonstration of Emmanuel's workforce forecasting tool. Health Regulatory Authorities NZ (HRANZ) have previously discussed the possibility of the Ministry of Health (MoH) establishing an online portal for workforce data to be gathered as part of each RA's APC renewal process, but no agreement has been reached.
- There was a discussion of psychologists to population ratios and the impacts on frontline of psychologists working as non-psychologists (e.g., as managers) and the need for this to be factored into workforce data collection
- The Regulatory Authorities and the MoH have previously agreed on a workforce dataset
- There was a discussion of what could be included in a workforce data survey.

Psychology training/internships

There was a discussion of alternative models for psychology training as the current model is unlike other professional training programmes and has some drawbacks. There were also discussions of

ways to support Māori and Pasifika students into psychology programmes. VUW initiatives including 'First in Family' to support particularly Māori and Pasifika students into psychology were outlined. An independent kaupapa Māori psychology programme has been suggested in the past to encourage and train more Māori psychologists. It was noted that training including that of interns needs to be mindful of the importance of building skills and confidence in more than one area of practice.

There was an update on the Pasifikology symposium including, new developments with work on a Facebook page, employment of an admin person, updated website and further development of a Mana Moana psychology framework.

Feedback on the MOH 'Fit for Future' Workshops
It was noted there had been two 'Fit for Future' workshops where discussions centred around a number of areas including, mental health and addiction needs, further supports needed in primary and secondary care, increased demand for services because of socioeconomic factors and increased stress, a need for more person-centred models and the importance of prevention e.g. information on parenting.

Next meeting, 21 February 2017

New RANZCP Clinical Practice Guidelines
In 2016 The Royal Australian and New Zealand College of Psychiatrists (RANZCP) published two new clinical practice guidelines on schizophrenia and on deliberate self-harm.

The RANZCP clinical practice guidelines provide expert evidence-based recommendations to support Australian and New Zealand healthcare professionals in the diagnosis and management of mental health conditions.

The guidelines are available at www.ranzcp.org/guidelines

The guidelines cover:
- Mood disorders
- Schizophrenia
- Deliberate self-harm
- Eating disorders

Launch of the Healthy Ageing Strategy

On Tuesday, 13 December the Associate Minister of Health, Hon Peseta Sam Lotu-Iiga launched the Healthy Ageing Strategy at Parliament Buildings, Wellington. The launch of the Healthy Ageing Strategy comes after what was an extensive and overwhelmingly positive engagement and consultation process. This process involved older people and their whānau, families and communities, as well as organisations and professionals across the health and social sectors. Over 2,600 people were involved in the development of, and consultation on, the draft Strategy. Over 200 formal submissions were received on the draft Strategy.

The Healthy Ageing Strategy presents the strategic direction for change over the next ten years and a set of actions to improve the health of older people, into and throughout their later years.
We want to thank all of you who were involved in the Healthy Ageing Strategy's development. Over the coming months the Ministry will be working with the sector to develop an implementation plan and we encourage you to be involved.

The Healthy Ageing Strategy can be viewed on the Ministry of Health's website, at www.health.govt.nz/publication/healthy-ageing-strategy

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ACC's new Pain Management service launched on 1 December
This new service replaced the eight pain management services that will expire on 31 December 2016.

Affected services are:

1. Activity Focus Programmes
2. Comprehensive Pain Assessments
3. Functional Reactivation Programmes
4. Interventional Pain Management
5. Multidisciplinary Persistent Pain
6. Progressive Goal Attainment Programmes
7. Pain Disability Prevention Programmes
8. Pain Management Psychological Services

The new service focuses on providing comprehensive pain management support and education across the full spectrum of health care from primary to tertiary care. The intended outcomes include improving client outcomes and experience, along with achieving financial sustainability and governance of the ACC Scheme so we can support more injury prevention activities.

Who's eligible for this service?
Any patient who has an accepted ACC claim and meets the screening criteria can be referred to this service. Screening may be completed by any health professional using the short-form OREBRO, a brief ten question tool used to identify pain-related disability.

Who's involved?
This link shows the pain management service suppliers in each region: Pain Management providers

Transitioning from the old to new service
The existing eight services will continue to accept referrals until 31 December 2016. From 1 January 2017 you will no longer be able to refer clients to any of the existing pain services. Any programmes under the existing eight services must be completed by 31 March 2017.

Need more information?
Further information about the Pain Management service can be found at www.acc.co.nz/pain

Tell ACC what you think
ACC welcomes your feedback on any aspect of the new service. You can email your feedback or query to: painmanagement@acc.co.nz

NZCCP

National Education Training Timetable

The NZ College of Clinical Psychologists aims to encourage and facilitate continuing education opportunities for members, by providing nationally coordinated events to a high standard. Our goal is to coordinate training opportunities between branches with the goal of facilitating training in all regions. Please **consult the College website** for further information and links (http://www.nzccp.co.nz/events/event-calendar/)

TRAINING TIMETABLE

NZCCP Events

LOCATION	MONTH	PRESENTER/ CONTENT
Queenstown	27-28 July	**NZCCP 2017 Pre-Conference workshop with Matthew Berry**
Queenstown	29-30 July	**NZCCP 2017 Conference**

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Hamilton	13 January	Mindfulness Day Retreat for Psychologists
Auckland	25 January	Using Cognitive Analytic Therapy (CAT) to understand and work with adolescents and young adults with challenging behaviours
Hamilton	25-26 February	Women, Food, and Embodied Power
Nelson	2-4 March	NZPS17
Auckland	9 & 10-12 March	Somatic Experiencing (SE) training events
Nelson	9-15 & 17-19 March	DBT Intensive Training 2016 with Alan Fruzzetti
Nelson	16-17 March	2 DAY DBT WORKSHOP
Christchurch	31 March-1 April	Meaning-Full Disease, and the call to whole person-centred healthcare
Wellington	31 March – 2 April	Hakomi workshop
Wellington	9 May	The Nature and Treatment of Anxiety in Youth
Hamilton	19-21 June	Level 1 Schema Therapy Workshop

Leah is a Sydney-based doctoral-level clinical psychologist with 22 years of clinical and teaching expertise in CBT and traumatology

2017 Trauma Education

presented by Dr Leah Giarratano

Two highly regarded CPD activities for all mental health professionals: 14 hours for each activity
These workshops are endorsed by the, AASW, ACA and ACMHN

Clinical skills for treating posttraumatic stress disorder (Treating PTSD)

This two-day (8:30am-4:30pm) program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. The techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. The emphasis is upon imparting immediately practical skills and up-to-date research in this area.

11-12 May 2017, Brisbane CBD
18-19 May 2017, Melbourne CBD
25-26 May 2017, Sydney CBD
8-9 June 2017, Adelaide CBD
15-16 June 2017, Perth CBD
22-23 June 2017, Wellington CBD
2-3 November 2017, Brisbane CBD
9-10 November 2017, Sydney CBD
23-24 November 2017, Melbourne CBD

Clinical skills for treating complex trauma (Treating Complex Trauma)

This two-day (8:30am-4:30pm) program focuses upon phase-based treatment for adult survivors of child abuse and neglect. In order to attend, participants must have first completed the 'Treating PTSD' program. The workshop completes Leah's four-day trauma-focused training. The content is applicable to both adult and adolescent populations. The program incorporates practical, current experiential techniques showing promising results with this population; techniques are drawn from EFTT, Metacognitive Therapy, Schema Therapy, attachment pathology treatment, ACT, CBT, and DBT.

13-14 July 2017, Brisbane CBD
20-21 July 2017, Melbourne CBD
27-28 July 2017, Sydney CBD
3-4 August 2017, Wellington CBD
19-20 October 2017, Perth CBD
26-27 October 2017, Adelaide CBD
16-17 November 2017, Sydney CBD
30 Nov -1 Dec 2017, Melbourne CBD

Program Fee for each activity is in Australian Dollars (AUD). Valid for NZ residents only

$550 AUD each if you register to Wellington more than six months prior using this form
$615 AUD or $550 each if you register to both (or with a colleague) more than three months prior using this form
$680 AUD or $615 each if you register to both (or with a colleague) less than three months prior using this form
Program fee includes program materials, lunches, morning and afternoon teas on each workshop day

Please direct your enquiries to Joshua George on: **mail@talominbooks.com**

For more details about these offerings and books by Leah Giarratano refer to www.talominbooks.com

2017 Trauma Education Registration Form for NZCCP

Please circle the workshop/s you wish to attend above and return a scanned copy of this completed page

Name:		
Address:		
Phone:	Email (*essential*):	
Mobile:	Special dietary requirements:	
Method of payment (circle one)	Visa MasterCard	
Name of cardholder:		Expiry Date:
Card Number:		Card Verification Number:
Signature of card holder:		Debit amount in Australian Dollars: $

Credit card payment is preferred. Simply complete the information above, scan and email this page mail@talominbooks.com
A receipt will be emailed to you upon processing. Note: Attendee withdrawals and transfers attract a processing fee of $55 AUD.
No withdrawals are permitted in the seven days prior to the workshop; however positions are transferable to anyone you nominate

CLASSIFIED

Somatic Experiencing Professional Training

An Introduction to Somatic Experiencing

AUCKLAND MAR 9

This one day seminar covers some of the basic elements of Dr Peter Levine's SE approach to trauma resolution.

The day includes:

- The basic neurobiological underpinnings of traumatic activation
- The practical skills of tracking sensations, images and pendulation
- Using somatically-based interventions to facilitate the release of habituated flight/flight/freeze patterns.

See our website for more details:
www.seaustralia.com.au

info@seaustralia.com.au
09 889 3737

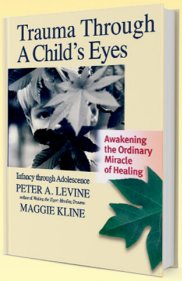
Trauma Through a Child's Eyes Workshop

with
Maggie Kline

AUCKLAND MAR 10-12

This three day workshop will show you how to help children reorganise and rebalance their autonomic nervous system at the biological/survival level after being overwhelmed following a traumatic or stressful event(s).

The material is useful for professionals who wish to integrate the core concepts of SE when working with children, as well as those wishing to deepen their understanding of inner child work with adults.



The format for learning will be a mixture of lecture, video material and experiential activities.

Imago Relationship Therapy

Two Day Training

A specialist training in working with couples

PALMERSTON NORTH HAMILTON WELLINGTON AUCKLAND

PRESENTED BY Brenda Rawlings (MNZAC)

Clinical Instructor, Imago International Institute

Brenda is currently Dean of the Imago International Institute (USA) and recipient of the Harville Hendrix Award for Clinical Excellence. She has been specialising in working with couples since 1998 and she presents Imago Clinical Training for Psychologists, Psychotherapists and Counsellors in both New Zealand and Australia.

PALMERSTON NORTH
15/16 March 2017

HAMILTON
20/21 March 2017

WELLINGTON
12/13 May 2017

AUCKLAND
19/20 May 2017

ABOUT THE TWO DAY TRAINING

The aim of this training is to improve your effectiveness in working with couples. Imago Relationship Therapy (IRT) is a coherent, comprehensive and dynamic theory and practice, offering an effective, research-based method for working with couples. Learn how to offer couples systematic, structured support to transform painful dynamics, create safety and connection, and increase passion, whilst guiding them toward greater understanding of their attachment and other developmental needs. There is an option, following this Two Day Training to participate in further training to become a Certified Imago Therapist.

FEES
$395 Early Bird
or $450 Std

FLYER

TO REGISTER

info@relationships.co.nz